

**Instructions for Completing Variance Application**  
**ALL ITEMS MUST BE COMPLETED BEFORE THE APPLICATION**  
**CAN BE ACCEPTED**

Item 1.

- The “applicant” is the entity that will be responsible for complying with the terms of the variance. It is the entity that will have control over the equipment, property or work practices in question.
- **DO NOT LIST: Representatives**, including professional representatives (e.g., lawyers, architects), service providers (e.g., elevator installers or maintenance providers) or outside consultants (e.g., health and safety advisors). Those entities may be designated as representatives in Item 13.
- The address provided should be the applicant’s mailing address.

Item 2.

Please specify only the Title 8 section(s) from which the applicant wants a variance. If the applicant is requesting a variance from a particular subsection of a regulation, please provide that information, too (e.g., Section 4000(a)(1)). Do not list sections from ANSI, ASME, NFPA or codes other than Title 8.

Item 3.

State the location or address where the variance will be in effect. If multiple locations are involved, they may be listed on a separate sheet and referenced here.

Item 4.

The applicant must check one of the options listed, including for elevator-related variances. Elevator Owners are considered “employers” for purposes of obtaining a permanent variance. If the employees are represented, a copy of the completed application must be given to the employees’ authorized representative.

Item 5.

The Labor Code requires that employees be notified of the variance application and the rights listed in this item. Elevator Owners are considered “employers” for purposes of obtaining a permanent variance. Please specify the manner in which the applicant gave notice to its employees by checking one of the options listed.

Item 6.

Variances can only be granted if the applicant demonstrates that it will use alternative means to provide safety and health that is equal or superior to that

provided by the regulations. **Waivers cannot be granted.** Please describe the alternative safety and health measures applicant intends to use here.

Item 7.

Describe how the measures described in Item 6 will provide employment that is as safe and healthful as that provided under the relevant regulation(s).

Item 8.

If applicant has illustrative material it wishes to have considered with the application, please check this box and label such material "Attachment 8." Please provide **six copies** of each document.

Item 9.

If applicant has been cited for a regulatory violation and has appealed that citation to the Occupational Safety and Health Appeals Board, check the "Yes" box and provide the Appeals Board Docket Number. If applicant has not appealed a citation, check the "No" box.

Item 10.

Hearings are conducted in the locations specified. Please check the location most convenient for the applicant or its representative.

Item 11.

The applicant must have someone present at the hearing to present its position. Applicant may also call additional witnesses, if it wishes. Please use this section to estimate the number of witnesses applicant anticipates calling at the hearing.

Please also specify the estimated time required to present the applicant's case.  
Most hearings last approximately one half-hour.

Item 12.

The application must be dated and signed **by the applicant** in the spaces provided. Please see Item 1 for further information regarding the "applicant."

Item 13.

If the applicant wishes to have a representative act on its behalf during the variance process, please complete Item 13. The **applicant, not the representative, must sign this section.**

**CALIFORNIA OCCUPATIONAL SAFETY AND HEALTH STANDARDS BOARD**

**2520 VENTURE OAKS WAY, SUITE 350**

**SACRAMENTO, CA 95833**

**(916) 274-5721**

**APPLICATION FOR PERMANENT VARIANCE**

*Please type or print legibly*

**1. APPLICANT (List Employer/Elevator Owner - Do not list representative)**

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

( )

(Telephone)

( )

(Fax)

DOCKET NO.

**2. Applicant requests a permanent variance from Title 8, California Code of Regulations, Section(s):**

**(Do not list ANSI, ASME, NFPA, API or other section nos.)**

**3. State the location or address where the variance will be in effect:**

**4. Applicant certifies that it informed its employees of this application by (applicant must do at least one of the following):**

a. ☐ Applicant's employees are represented and applicant gave a copy of this completed application to the employees' authorized representative.

b. ☐ Applicant posted a copy of this application, or a summary of it, including a statement indicating where a copy of the application may be examined, at the place(s) where employee notices are normally posted.

**5. Applicant's employees must be informed of: 1) this application; 2) their right to full party status, including the right to participate in the hearing; 3) the availability of all pleadings for inspection and copying at a reasonable time; and 4) their right to petition the Standards Board for a hearing. Indicate how applicant has fulfilled this obligation:**

a. ☐ By posting this application at the place(s) where notices to employees are normally posted; or

b. ☐ By posting a summary of the application and a statement of these rights at the place(s) where employee notices are normally posted.

**6. What means, methods, practices or conditions does the applicant plan to use to provide safety and health that is equal or superior to the level of safety and health provided by the Title 8 section(s) the applicant wants a variance from (e.g., provide head protection, post warning signs, provide training)? (If more space is needed, attach an additional sheet as Attachment 6).**

7. Explain how the alternative safety and health measures described in item 6 will provide employment that is at least as safe and healthful as that provided by the regulation(s) the applicant wants a variance from (e.g., the extra protective equipment will compensate for restricted clearance, warning signs will alert employees to potential hazards)? *(If more space is needed, attach an additional sheet as Attachment 7).*

8. ☐ Photographs, blueprints, or other illustrative material documenting this application are attached as Attachment 8.  
Applicant will need to submit six copies of the completed application and supporting material.

9. Has applicant filed an appeal, or is one pending, with the Occupational Safety and Health Appeals Board relative to the safety order for which the applicant is seeking a permanent variance? ☐ Yes ☐ No  
Appeals Board Docket No. \_\_\_\_\_

10. Hearing location preference:

☐ Sacramento ☐ Oakland ☐ Los Angeles ☐ San Diego

11. a. Number of witnesses applicant will call at hearing: \_\_\_\_\_

b. Estimated time applicant will require to present case at hearing: \_\_\_\_\_  
(Hearings typically last approximately 30 minutes)

12. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
(Type or Print Name)



\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company Name

If the applicant wishes to have a **representative act on its behalf** during the variance process, please complete this section **(this section must be signed by the applicant)**:

13. I, \_\_\_\_\_, authorize the entity and/or person listed below to act on my behalf in this permanent variance proceeding.

\_\_\_\_\_  
(Representative)

\_\_\_\_\_  
(Contact Person)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Fax)

\_\_\_\_\_  
Signature of Applicant